

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089361

FILED
Apr 24, 2005
Secretary of State

Entity Name: BARBER CONSULTING, LLC

Current Principal Place of Business:

1229 S.W. DYER POINT ROAD
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1229 S.W. DYER POINT ROAD
PALM CITY, FL 34990

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LAUREN W. BARBER
1229 S.W. DYER POINT RD.
PALM CITY, FL 34990 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LAUREN W. BARBER

04/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BARBER, LAUREN
Address: 1229 S.W. DYER POINT ROAD
City-St-Zip: PALM CITY, FL 34990

Title: ST (X) Delete
Name: BARBER, LAUREN
Address: 1229 S.W. DYER POINT ROAD
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARBER, LAUREN W
Address: 1229 S.W. DYER POINT ROAD
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAUREN W. BARBER

MGR

04/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date